



City of Santa Barbara  
Parks & Recreation Department  
Teen Programs Division



## APPLICATION FOR ALCOHOL & DRUG ABUSE PREVENTION COALITION

**Mailing Address:**

Attn: Jeff Hurley/Teen ADAP Coalition  
Teen Programs  
P.O. Box 1990  
Santa Barbara, CA 93102-1990

**Street Address:**

Carrillo Recreation Center (Upstairs)  
100 E. Carrillo St.  
Santa Barbara, CA 93103  
(805) 897-2650

**Applicant Information**

First Name:	Last Name:	
Address:	City:	ZIP:
Phone:	E-Mail:	

**Emergency Contact Information**

First Name:	Last Name:	
Address (if different from above):	City:	ZIP:
Daytime Phone:	Evening Phone:	

**Please answer the following questions on a separate piece of paper and submit with your completed application.**

1. List and describe your involvement in any on-campus clubs, sports, etc. as well as any extracurricular activities.
2. Explain why you are interested in alcohol & drug abuse prevention (please do not make specific references to friends, family or other persons).
3. Describe how you would be an asset to the Alcohol & Drug Abuse Prevention Coalition.

Do you feel comfortable working with and speaking in front of others? ( ) YES ( ) NO

Can you commit to attending occasional mandatory training sessions? ( ) YES ( ) NO

Are you able to attend regular 2-hour meetings on the 2<sup>nd</sup> & 4<sup>th</sup> Thursdays of each month? ( ) YES ( ) NO

Are you able to fulfill a minimum time commitment of 8 hours per month? ( ) YES ( ) NO

Please list the names of professional references (other than friends or family members) who can be contacted to provide information regarding your character.

Name:	Phone Number:
Relationship:	
Name:	Phone Number:
Relationship:	

The following information is collected for statistical purposes only:

Sex: ( ) Female ( ) Male Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you hear about the Alcohol & Drug Abuse Prevention Coalition? \_\_\_\_\_

I certify that the information on this application is true to the best of my knowledge and belief, and understand that false statements and/or information shall be just cause for rejection of this application or subsequent discharge.  
This application must be signed in ink and dated.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_